

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-4533		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.									
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED													
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 3/23/15		TIME: 13:38											
CRASH OCCURRED ON WALMART, 1530 WALMART DR.				WITHIN THE INTERSECTION OF																	
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE											
LOG-1		LOG-2		LOC		JUR		FH9		FILT											
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		NATIONWIDE													
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) DUKORN, RYAN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7351 EDWARDSVILLE RD. BLANCHESTON																	
PHONE NO. 937-793-4891		BIRTH DATE 4/26/94		AGE 20		SEX M		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. TT036202			OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME) MARTIN DUKORN				ADDRESS SAME				PHONE													
VEH YR 01	MAKE FORD	MODEL CROWN VTC	COLOR TAN	STYLE 4S	STATE OH	LICENSE PLATE NO. RY03296	TOWING SERVICE		VEH/PED DIR FROM TO												
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		MOTORISTS MUTUAL													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																	
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) BARBARA LEMMER				ADDRESS 533 S. EAST ST.				PHONE 513-850-1062													
VEH YR 10	MAKE FORD	MODEL FUSION	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE		VEH/PED DIR FROM TO												
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C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES									
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES									
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES									
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